



**DEPARTMENT OF POSTSECONDARY EDUCATION**  
**ALABAMA COMMUNITY COLLEGE SYSTEM**  
**CLAYTON COLLEGE TRANSCRIPT REQUEST**

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Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student ID#: \_\_\_\_\_ SSN: \_\_\_\_\_

Name While Attending School (if different from above):  
\_\_\_\_\_

School Attended: \_\_\_\_\_

Address where transcript is to be sent:

Name/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**FEE: \$10.00 per transcript search**  
**Please be advised this fee is NONREFUNDABLE.**

If you are a business requesting this transcript, you must provide your Federal Tax ID # in order for us to process this document.

Federal Tax ID #: \_\_\_\_\_

*Please mail this form along with a \$10.00 Money Order (made payable to the Department of Postsecondary Education) to:*

Department of Postsecondary Education  
Attention: Private School Licensure / Closed Schools  
P.O. Box 302130  
Montgomery, AL 36130

If we do not have a copy of your transcript, please provide an address where we can send notification:

Name/Institution \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_